

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Title:: DATABASE REPLICATION USING
APPLICATION PROGRAM EVENT
PLAYBACK

Attorney Docket Number:: 020581-000300US

Request for Early Publication:: No

Request for Non-Publication:: No

Total Drawing Sheets:: 3

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: India

Status:: Full Capacity

Given Name:: Kayshav

Middle Name::

Family Name:: Dattatri

City of Residence:: San Jose

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1225 Phelps Avenue

City of Mailing Address:: San Jose

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95117

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Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Guru
Middle Name::
Family Name:: Prasad
City of Residence:: San Mateo
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 3135 Campus Drive, #229
City of Mailing Address:: San Mateo
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94403

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Viral
Middle Name::
Family Name:: Kadakia
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

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Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Pravin
Middle Name::
Family Name:: Singhal
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

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